

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
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11						
12						
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14						
15						
16						
17						
18		2				
19		2				
20	1					
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	38					
TOTAL CLAIMS	40					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						